the increase in such cases; if so, the details thereof;

(c) whether Government propose to initiate a separate concrete action plan for arresting the spread of this deadly disease in the North-eastern States; and

(d) what action Government have taken for creating awareness amongst the people involved in immoral traffic in the red light areas of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir. The State-wise, year-wise AIDS cases detected/reported during the last three years are as follows:

SI No	Name of State	1994	1995	199
1.	Assam	1	8	___
2.	Arunachal Pradesh	___	___	___
3.	Manipur	46	31	55
4.	Mizoram	___	___	___
5.	Meghalaya	___	___	___
6.	Nagaland	___	4	___
7.	Tripura	___	___	-

(b) and (c) In order to prevent and control spread of AIDS in India, comprehensive programme is currently under implementation as 100% Centrally Sponsored Scheme throughout the country. The strategies of the programme consist of creation of awareness amongst nigh risk behaviour group and general public about AIDS, control of Sexually Transmitted Diseases, Blood Safety and rational use of blood, Surveillance, diagnosis and clinical management of AIDS cases.

(d) The Government of India, Ministry of Health and Family Welfare and the State Health Departments encourage the non Governmental Organisations and local bodies to take up integrated intervention projects in the red light areas. Such projects are being implemented in Mumbai, Calcutta, Chennai and Delhi.

प्रथम मानव-दुग्ध-बैंक की स्थापना

963. **श्री चीमनभाई हरीभाई शुक्ला :** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने हाल ही में रक्त बैंकों के समान प्रथम मानव-दुग्ध-बैंक की स्थापना करने की घोषणा की हैं,

(ख) यदि हां, तो तत्सबंधी ब्यौरा क्या है,

(ग) इस दुग्ध बैंक के मुख्य उद्देश्य क्या है,

(घ) उक्त बैंक के लिए मानव दुग्ध-एकत्र करने के स्त्रोत क्या-क्या है,

(ड़) ये बैंक किन-किन राज्यों में स्थापति किए जांएगे और इनकी कार्यक्षेत्र की सीमा क्या होगी, और

(च) उक्त योजना के लिए कितना बजटीय आवंटन निर्धारित किया गया है?

स्वास्थय और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) जी, नहीं।

(ख) से (च) प्रश्न नहीं उठता।

Derecognition of Medical Degrees of Erstwhile USSR

964. DR. ALLADI P. RAJKUMAR:
SHRI SOLIPETA RAMACHANDRA REDDY:

Will the PRIME MINISTER be pleased to state:

(a) whether the Medical Council of India has recommended that degrees from the medical institutions in the erstwhile USSR be derecognised from 1997; and

(b) if so, the reasons therefor and the number of Indian students likely to be affected by this decision?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Medical degrees awarded by 29 institutions of the erstwhile USSR stood recognised by the Central Government.

However, after the disintegration of the former USSR, complaints have been received by the Medical Council of India regarding falling educational standards of some of these institutions. Medical Council of India would be taking up the matter with the concerned institutions with a veiw to ascertaining full facts to enable it to recommend to the Government of India whether the medical degrees of these 29 institutions should continue to be recognised or some of them should be derecognised. Medical degrees awarded by the 29 institutions in respect of students who were admitted till the year 1996-97 would continue to be recognised till the last batch admitted in 1996-97 passes out in the year 2005 subject to provisions of IMC Act, 1996. A decision on admission of students in 1997-98 and onwards would depend on the outcome of the investigations undertaken by the Medical Council of India and Government of India's decision on the recommendations of the Medical Council of India regarding continued recognition of medical degrees of these institutions.

Deaths Occuring During and After Tubectomy/Vascctomy Operations

965. MISS SAROJ KHAPARDE : Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that a number of deaths occur during and after tubectomy/vasectomy operations of the persons opting for family planning in the country;

(b) if so, the details thereof for the last three years, year-wise and State-wise;

(c) whether this is one of the reasons for people not opting for tubectomy/ vasectomy operations in the country; and

(d) if so, the remedial measures Government propose to take in this regard to allay the fear amongst the people?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) A few deaths do occur during and after tubectomy/vasectomy operations.

(b) A statement is attached. *(See* below)

(c) and (d) Deaths due to sterilisation could sometimes lead to temporary setbacks to the Programme in the area where the death has taken place. This is normally offset by interpersonal couselling by family welfare workers.

Statement

Number of Sterilisation Operations Performed and Deaths Reported During 1994-95, 1995-96 and 1996-97

State/UT	1994-95		1995-96		1996-97	
	Number of Operations done in various types	Number of deaths	Number of Operations done in various types	Number of deaths	Number of Operations done in various types	Number of deaths
Andhra Pradesh	577528	29	520552	29	501662	23
Arunachal Pradesh	1727	0	1654	10	891	NR
Assam	22450	NR	23866	NR	14563	NR
Bihar	206188	NR	266207	NR	82421	NR
Goa	4316	0	4155	0	3667	NR